

***Ozarks Technical  
Community College  
2025 Open Enrollment  
Presentation***

**Med-Pay**

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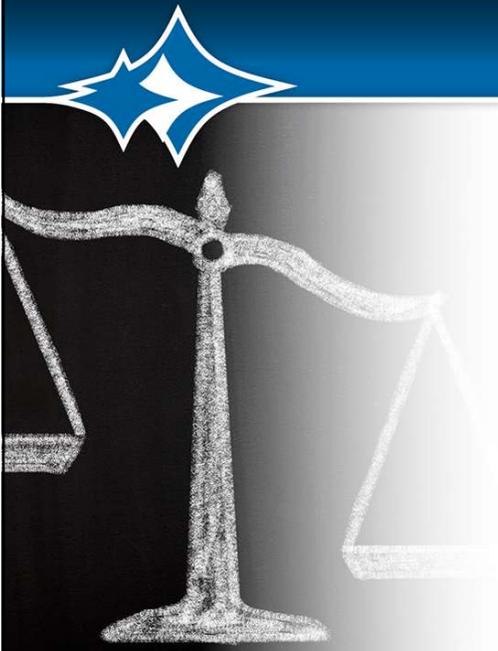


**THINKING HEALTH FORWARD**

**Ozarks Technical Community College  
2025 Group Health Insurance Information**



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## OTC Health Plans

### ❖ 2025 Health Plan Options

- Health Plan Benefits
- General Reminders
- Pharmacy Benefit Information

### ❖ Other Important Information

- Provider Network / First Health
- Health System Services
- Member Resources



## Health Plan Options

- PPO (Base) Plan
- HDHP (HSA-Qualified) Plan
- General Reminders



## PPO Base Plan

|                                   | In-Network               | Out of Network |
|-----------------------------------|--------------------------|----------------|
| Individual Deductible             | \$1,000                  | \$2,000        |
| Family Deductible                 | \$2,000                  | \$4,000        |
| Individual Maximum Out-of-Pocket* | \$4,000                  | \$9,500        |
| Family Maximum Out-of-Pocket*     | \$8,000                  | \$19,000       |
| Coinsurance                       | 20%                      | 50%            |
| <b>Embedded Deductible</b>        |                          |                |
| Physicians Co-Pay                 | ded + 20%                | ded + 50%      |
| Specialists Co-Pay                | ded + 20%                | ded + 50%      |
| Inpatient Hospital                | ded + 20%                | ded + 50%      |
| Outpatient Hospital               | ded + 20%                | ded + 50%      |
| Urgent Care                       | \$100 Copay              | ded + 50%      |
| Emergency Room                    | \$300 Copay              |                |
| Prescription Drug Deductible      | \$100                    |                |
| Prescription Drug Card            | \$10/\$30/\$50/\$100/\$0 | ded + 50%      |

\* Maximum Out-of-Pocket amounts illustrated above include ALL deductibles, coinsurance and copays (medical and prescription).

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## HDHP (HSA) Plan

**OTC  
Contributes  
\$114/month  
towards  
Employee HSA**



|  | EO Coverage                       |                | ES / EC / FA Coverage**           |                |
|--|-----------------------------------|----------------|-----------------------------------|----------------|
|  | In-Network                        | Out of Network | In-Network                        | Out of Network |
| Individual Deductible                        | \$1,650                           | \$3,300        | \$3,300                           | \$6,600        |
| Family Deductible                            | \$3,300                           | \$6,600        | \$3,300                           | \$6,600        |
| Individual Maximum Out of Pocket*            | \$5,000                           | \$10,000       | \$5,000                           | \$13,200       |
| Family Maximum Out of Pocket*                | \$10,000                          | \$20,000       | \$10,000                          | \$20,000       |
| Coinsurance                                  | 20%                               | 40%            | 20%                               | 40%            |
| <b>Aggregate (Non-Embedded) Deductible**</b> |                                   |                |                                   |                |
| Physicians Co-Pay                            | ded + 20%                         | ded + 40%      | ded + 20%                         | ded + 40%      |
| Specialists Co-Pay                           | ded + 20%                         | ded + 40%      | ded + 20%                         | ded + 40%      |
| Inpatient Hospital                           | ded + 20%                         | ded + 40%      | ded + 20%                         | ded + 40%      |
| Outpatient Hospital                          | ded + 20%                         | ded + 40%      | ded + 20%                         | ded + 40%      |
| Urgent Care                                  | ded + 20%                         | ded + 40%      | ded + 20%                         | ded + 40%      |
| Emergency Room                               | ded + 20%                         |                | ded + 20%                         |                |
| Prescription Drug Card                       | ded + 20%                         | ded + 40%      | ded + 20%                         | ded + 40%      |
| Prescription Drug Deductible                 | <b>Medical Deductible Applies</b> |                | <b>Medical Deductible Applies</b> |                |

\* Maximum Out-of-Pocket amounts illustrated above include deductibles and coinsurance for medical and prescription expenses.

\*\* The HDHP Deductible is Non-Embedded, and the Out of Pocket is Embedded per IRS/ACA guidelines.

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## Monthly Employee Premiums

| Coverage Type         | PPO Base | HDHP (HSA) |
|-----------------------|----------|------------|
| Employee Only         | \$0***   | \$0***     |
| Employee + Spouse     | \$578    | \$484      |
| Employee + Child(ren) | \$214    | \$180      |
| Employee + Family     | \$824    | \$688      |

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## \*\*\* Wellness Incentive Program



❖ Applies to both health plan options

### ❖ Healthy Living Incentives

- Employee cost = \$0/month when the employee receives the **\$150 monthly premium incentive** by completing the **two healthy activities** as outlined by Human Resources.
- If not completed, the cost for all premiums listed could increase by \$150.

### ❖ Smoking Cessation Program

- Employees may participate up to 3 times.
- If cessation is not achieved after 3 attempts, the cost for all premiums listed could increase by \$75.

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## General Reminders: All Plans

- ❖ **Deductibles**
  - Accumulate on a calendar year basis
  - Applies before co-insurance %'s (except for copay services)
- ❖ **Out-of-Pocket Maximums**
  - Accumulate on a calendar year basis
  - Include Medical Copays, Rx Deductibles and Copays
- ❖ **In-Network Benefits**
  - Most cost-effective (contracts discount billed charges)
  - Capped, lower member out of pocket expenses
- ❖ **Out-of-Network Benefits**
  - Expanded provider choice, HIGHER expenses
  - Usual / Reasonable / Customary Charges apply

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## General Reminders: All Plans

- ❖ **Preventive Care under HealthCare Reform (ACA)**
  - ACA Preventive Services (in-network) = **\$0 cost to member**
  - Benefit is **based on coding** of claims from providers
    - *Non-ACA preventive services*: covered under regular plan benefits
    - *Preventive vs. Diagnostic*: visits coded as diagnostic will apply to regular plan benefits
  - **ACA Preventive Service List** (coxhealthplans.com)
    - *Login to Member Portal > Resources > Preventive Service List*
  - ACA Preventive medications - **\$0 Copay** (Tier 5)
  - **Elixir HDHP Preventive Rx List** (see electronic handouts) – **\$0 Cost**

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## General Reminders - HSA

### ❖ Who is eligible for a Health Savings Account (HSA)?

- Must be enrolled on an HSA-qualified HDHP
- Cannot be eligible for Medicare
- Cannot be eligible to claim on someone else's tax return

### ❖ Can I add money to an HSA?

- As long as you are enrolled on a qualified HDHP
- Visit [www.irs.gov](http://www.irs.gov) to verify annual Individual/Family Contribution Limits

### ❖ How can I use that money?

- For any **qualified health expenses** (as defined by the IRS) incurred by you, your spouse or any dependents claimed on your tax return.
- You will be taxed 20% if HSA funds are used for non-qualified expenses.

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## General Reminders - HSA

### ❖ Can I use it long-term?

- Because an HSA is a savings account in your name, monies deposited in this account may be used for qualified health expenses until the funds are depleted.
- Note: Spouses enrolled in separate HDHPs should maintain separate HSA accounts. The IRS views both contributions as one tax unit in determining the maximum contribution limit.

### ❖ Can I contribute to both a Flex Spending Account AND a Health Savings Account?

- Yes. For those enrolled on the HDHP plan, OTC offers a **“Limited Purpose FSA”** which can be used for **Dental and Vision expenses only**.

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## General Reminders - HSA

### ❖ Recommendations / Resources

- *Information presented should not be considered wholly representative of requirements under IRS regulations.*
- *It is strongly recommended that you meet with a bank representative and/or your tax professional regarding HSA guidelines set forth by the IRS as changes can occur from year to year.*
- IRS Publication 969 (most current) Health Savings Accounts et al:  
<https://www.irs.gov/publications/p969>
- Most current IRS list of eligible expenses can be found at:  
<https://www.irs.gov/pub/irs-pdf/p502.pdf>

IRS Publications should be updated for the 2023 tax season.

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## Pharmacy Benefit Information

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# Rx Benefit Reminders

## Generic vs Brand Name Prescriptions

- Generic meds have 85% of Brand Name ingredients
- **Mandatory Generic Provision:**
  - Generic alternatives are the default (unless physician/member request)
  - If Brand is requested (regardless of why), members pay:
    - PPO Plan: Brand Copay + (Brand Retail \$ - Generic Retail \$)
    - HDHP Plan: Brand Contracted \$ + (Brand Retail \$ - Generic Retail \$)



## Online Searchable Formulary

- [coxhealthplans.com/providers-prescription-information](http://coxhealthplans.com/providers-prescription-information)
- Quick, easy, user friendly
- Comprehensive information – coverage, requirements, Rx alternatives



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# Rx Benefit Resources



Great for HSA participants

PRICE SHOP via online search or mobile app!

elixir  
CRAFTED Rx SOLUTIONS



Things you can do online or on the app:



Review your coverage



Find an in-network pharmacy



Discover ways to save



View and compare drug pricing



View your Rx claims history



See refill reminders

Elixir Contacts:



[elixirsolutions.com](http://elixirsolutions.com)



**800-361-4542 (TTY 711)**  
24 hours a day, 7 days a week



[care@elixirsolutions.com](mailto:care@elixirsolutions.com)

**NOTE: Rx Manufacturer Copay Assistance/Coupons can be an alternate option for cost savings. This assistance does not apply towards member accumulators as the money is not paid by the member.**

**\*Important: CVS Pharmacies are OUT OF NETWORK\***

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## Managed Copay Programs (MCP)

- Mandatory program for certain Specialty and Brand Rx
- Facilitates use of manufacturer copay assistance\*
- Member cost is typically \$0
- Member outreach from Elixir via letter/phone
- Rx lists continually growing
- Contact CHP Member Services for assistance

\* When assistance is exhausted or expires, member expense reverts to plan benefits



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## Other Important Information



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## Provider Network Information

**It is the patient's responsibility to confirm network providers (prior to receiving care):**

- Always contact the provider or facility
- Call to confirm:
  - For **Local providers**: CHP Member Services (800-205-7665)
  - For **First Health providers**: First Health (800-226-5116, Option 1)
- Check online at <https://www.coxhealthplans.com/members-providers>
  - For **Local providers**: select "Group and Individual Health Plans / PPO Directory"
  - For **First Health providers**: at the bottom of the webpage under "First Health Network", select "Start Search"

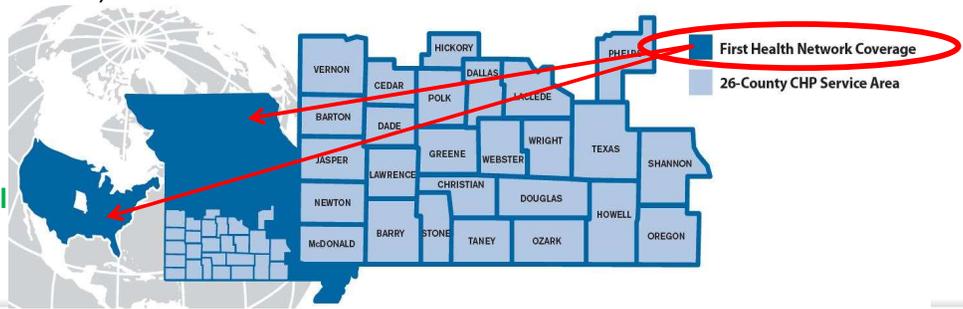


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## "Wrap" Network (First Health)

- **First Health**: leading national PPO network; provide in-network coverage outside of the Cox HealthPlans service area (only)
- Over **1 Million providers, hospitals, and other providers** in urban, suburban and rural areas throughout the United States including the District of Columbia.
- Major national hospitals include, but are not limited to:

- **Mayo Clinics**
- **BJC Healthcare**
- **M.D. Anderson**
- **Cleveland Clinic Children's Hospital**



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# CoxHealth Telehealth Services

## CoxHealth *Virtual Visits on Demand*



- **Video/mobile consult** (smart devices, laptops, desktops)
- **Quick, non-emergent care** for minor health conditions
- **Low-Cost Option (no codes!)**
  - **PPO Plans: \$0 Copay**
  - **HDHP Plans: \$45 fee (D&C)**
- **Extended hours**
  - Mon-Fri 8 am – 8 pm
  - Sat-Sun 10 am – 4 pm



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# CoxHealth URGENT CARE

For minor illnesses/injuries, now available ANY time

## Urgent Care

Open 24/7

Spend less time in the waiting room with the **Save My Spot** online tool. Get in line now at [coxhealth.com/savemyspot](https://www.coxhealth.com/savemyspot)



|   |   |
|---|---|
|  | <b>Urgent Care:<br/>Springfield</b>           |
| The Turner Center - Urgent Care Plus<br>1000 E. Primrose<br>Springfield, MO 65807     |   |
| Open 24 hours, 7 days a week  |   |
| <b>417-269-9812</b>   |   |
|  | <b>Pediatric Urgent Care:<br/>Springfield</b> |
| The Turner Center - Urgent Care Plus<br>1000 E. Primrose<br>Springfield, MO 65807     |   |
| <b>417-269-0930</b>   |   |

For other CoxHealth Urgent Care locations, visit <https://www.coxhealth.com/services/urgent-care/>

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# CoxHealth "SAVE MY SPOT"

## Save Time with "Save My Spot"



*Wait at home*

WALK-IN CLINICS

URGENT CARE

Choose your location and time. With a few clicks, you're in line.

[coxhealth.com/savemyspot](http://coxhealth.com/savemyspot)

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## Member Resources



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# Cox HealthPlans Member Services

## LET US HELP YOU!



- Benefit questions
- Claim questions
- Billing questions
- Provider access
- Finding a new provider

\*Cox HealthPlans Member Services (Monday – Friday | 8:00 am - 5:00 pm)  
Call **417-269-2900** or **Chat online** at [coxhealthplans.com](http://coxhealthplans.com)

\*CoxHealth Provider Assistance: **417-269-INFO**



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# Cox HealthPlans Member Portal

**Member Online Access provides you access to your plan 24 hours a day:**

- Benefit Information/Schedule of Benefits
- Claims Status/Claims Payment information
- Identification card ordering and temporary card generation
- Benefit accumulations to date (Deductible/Coinsurance/Family totals)
- Provider search by specialty or by location
- Pre-Authorization information
- Secure messaging to/from CHP



### How to Access Your Member Online Access:

- Go to the "For Members" page at [CoxHealthPlans.com/for-members](http://CoxHealthPlans.com/for-members) to register your account. Once you are registered, you can login to find all of your information. Please have the following information ready for your initial registration:
  - Member ID      - Social Security Number
  - Date of Birth



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# CoxHealthNow Patient Portal

## Easy, Convenient, Secure

### CoxHealthNow App Your New On-the-Go Patient Portal



### CoxHealthNow Patient Portal



### Managing Your Health is Easier than Ever

- Access medical records
- Review lab results
- Message with providers
- Access on a computer or mobile device with our new, improved CoxHealthNow app
- Schedule and see upcoming appointments
- Renew prescriptions
- Pay your bill anytime, anywhere
- Review your patient account and visit notes

Download today  



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***Thank You for Trusting Us with  
your Health Insurance needs***

The information presented is intended to be a summary only. The plan Certificate of Coverage is the governing document for your health plan benefits. Please refer to that document or contact CHP Member Services for questions or clarifications regarding benefits.

COXHEALTHPLANS.COM

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# Your Dental Plan 2025

| Coverage              | Cost per pay Period |
|-----------------------|---------------------|
| Employee              | \$0.00              |
| Employee + Spouse     | \$35.36             |
| Employee + child(ren) | \$50.31             |
| Employee + Family     | \$85.84             |

Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates. In Utah, plans are offered by Cigna Health and Life Insurance Company.

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## Dental Preferred Provider Organization (DPPO)



**Network:** Select any licensed dentist, but see bigger savings if you use a dentist in the Cigna Dental network.



**Specialist:** See a specialist without a referral



**Deductible:** An annual amount that may apply to covered services before your plan begins to pay.



**Coinsurance:** Once you meet your deductible and satisfy any applicable waiting period, this is the portion you will pay of your covered dental care costs.



**Coverage:** The amount paid by your plan depends on:

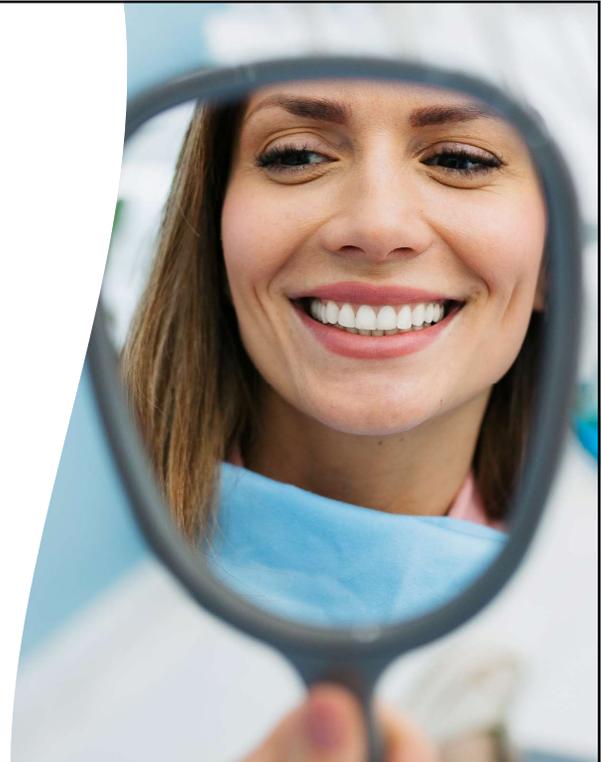
- The coinsurance level for the service you receive
- The dentist you visit
- Whether you've paid your deductible and/or reached your maximum



**Maximums:** Once you reach the plan's calendar year dollar and/or any applicable lifetime maximum, your plan will no longer pay a portion of your costs during that plan year.



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# Your coverage

## Percentage of covered expenses you pay

|  | Total Cigna DPPO        | Out-of-network <sup>1</sup> |
|--|-------------------------|-----------------------------|
| Class I – Preventive care                  | 100%                    | 100%                        |
| Class II – Basic restorative <sup>2</sup>  | 90% after Deductible    | 90% after Deductible        |
| Class III – Major restorative <sup>2</sup> | 50% after Deductible    | 50% after Deductible        |
| Class IV – Orthodontia <sup>2</sup>        | 50% No Ortho Deductible | 50% no Ortho Deductible     |
|  |                         |                             |
|  | Individual              | Family                      |
| Annual deductible                          | \$50                    | \$50                        |
| Calendar-year dollar maximum               | \$1500                  | \$1500                      |
| Lifetime maximum: Orthodontia              | \$1500                  | \$1500                      |

1. The amount your plan will pay for covered services received [through the Cigna DPPO network and] out-of-network will be subject to your plan's [Maximum Reimbursable Charge or Maximum Allowable Charge] provisions. When [visiting a dentist in the Cigna DPPO network or] going out-of-network, you may be balance-billed by the dentist for any charges that exceed what your plan reimburses for covered expenses.  
 2. All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna Healthcare's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna Healthcare.



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# Estimate dental care costs

Cigna Healthcare dental estimator tools<sup>1</sup> are easy to use, and help you avoid unexpected dental care costs. Whether you're choosing a dentist or planning for a procedure, you'll be in the know and ready to make the best decision for you.



### Find care and costs:

- With a few taps of your phone or clicks of your mouse, you'll find dentists in your area
- Search by dentist name and type, even by the treatment you're looking for
- View provider backgrounds, credentials and verified patient reviews



### The tool helps you:

- Find dentists near you
- Plan and budget
- Compare procedure costs, specific to your plan, among different in-network dentists

Ready to start estimating dental care costs? Log on to [myCigna®](#) website or app<sup>2</sup> > Find Care & Costs

1. The Treatment Cost Estimator is for informational purposes and provides rough calculations only, based on the treatment or procedure you choose. It does NOT guarantee the exact amount of your out-of-pocket costs and it does NOT guarantee coverage for any treatment or procedure or any dental benefit plan payment. Your actual out-of-pocket cost for dental care will depend on the specific terms of your dental benefit plan.  
 2. App/online store terms and mobile phone carrier/data charges apply.



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# Cigna Oral Health Integration Program® (OHIP)

## Save money with better oral care

For customers with qualifying conditions, OHIP reimburses out-of-pocket costs for certain dental treatments.

Covered procedures may include oral evaluation, cleaning, scaling, fluoride applications, sealants, and periodontal treatment.<sup>1</sup>



## Qualifying conditions<sup>2</sup> include:

- Pregnancy
- Heart disease
- Stroke
- Diabetes
- Chronic kidney disease
- Organ transplants
- Rheumatoid arthritis
- Parkinson's disease

1. For customers with qualifying medical conditions, this program provides reimbursement for certain eligible dental procedures. Customers must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable calendar year maximum. See your plan documents for program details.  
 2. Not a full list of conditions.



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# Your vision plan 2025

| Coverage              | Cost per pay Period |
|-----------------------|---------------------|
| Employee              | \$6.22              |
| Employee + Spouse     | \$12.62             |
| Employee + child(ren) | \$13.52             |
| Employee + Family     | \$19.32             |



## Why vision health matters

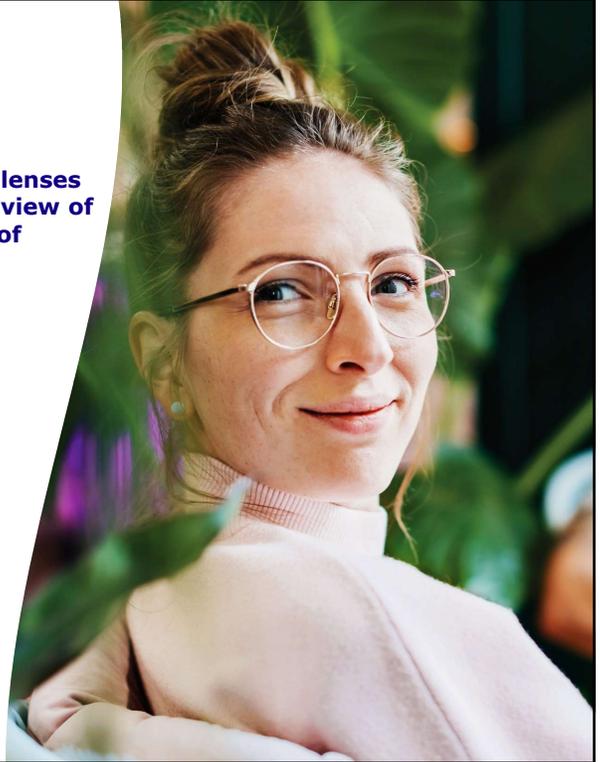
You may go to the eye doctor to get glasses or contact lenses to help you see. But eye exams also give your doctor a view of your health in general.<sup>1</sup> They can reveal the first signs of chronic conditions, including:<sup>1</sup>

- Diabetic retinopathy, a symptom of diabetes
- Heart disease
- High blood pressure
- High cholesterol
- Rheumatoid arthritis
- Stroke
- Vitamin A deficiency

1. American Academy of Ophthalmology. "20 Surprising Health Problems an Eye Exam Can Catch." [www.aao.org/eye-health/tips-prevention/surprising-health-conditions-eye-exam-detects](http://www.aao.org/eye-health/tips-prevention/surprising-health-conditions-eye-exam-detects). Page last reviewed: April 29, 2022.



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## Your vision network

With vision coverage, you have greater access at more locations. The vision network is the largest in the U.S.<sup>1</sup> and includes:



**24,000 independent providers<sup>1</sup>**



**11,000 retail providers,** including LensCrafters®, Pearle Vision®, Target Optical®, Costco Optical®, Walmart Vision Center® and more<sup>1</sup>



**Access to online retailers** that include LensCrafters.com®, Ray-Ban.com®, Glasses.com®, TargetOptical.com®, contactsdirect.com® and Oakley.com®



**Online appointment scheduling<sup>2</sup>**

1. The Cigna Healthcare Vision Network is serviced by EyeMed. Number of contracted providers as of July 2023, EyeMed internal reporting. Subject to change.  
2. Online scheduling available with select providers.



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# Your vision benefits

## Discounts and savings available:

- Up to \$1,000 discount on LASIK services with select providers available through Healthy Rewards®<sup>1</sup>
- Polycarbonate lenses covered in-full for children under 19

## Once enrolled, visit myCigna.com® to:

- Search for in-network providers and schedule appointments online<sup>2</sup>
- Use a cost estimator tool to calculate your out-of-pocket costs for covered and non-covered services
- View plan benefits, claim details, and your digital ID card
- Learn about international travel benefits such as help finding a provider or replacing glasses/contact lenses
- Access special offers from major retail and online providers
- Review articles and interactive content about vision health and wellness

1. Healthy Rewards programs are NOT insurance. Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services  
 2. Online scheduling available with select providers.



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# Your vision benefits

|  | In-network <sup>1</sup>           |
|--|-----------------------------------|
| <b>Exam</b>  | 100% after \$10 Copay             |
| <b>Frames and lenses:</b>                                |                                   |
| Single vision lenses                                     | 100% \$25 Copay                   |
| Lined bifocals   | 100% \$25 Copay                   |
| Lined trifocals  | 100% \$25 Copay                   |
| Frames   | 100% up to \$130 Retail Allowance |
| Polycarbonate lenses                                     | \$40                              |
| Progressive lenses <sup>2</sup>                          | \$65                              |
| Anti-reflective coating                                  | \$45                              |
| UV coating   | \$15                              |
| <b>Elective contact lenses and professional services</b> | 100% up to \$130 retail coverage  |

1. Plan benefits may be subject to frequency limitations. Please review your Benefit Summary for details, plan exclusions and limitations.  
 2. Fee applicable to only those age 19 or older.



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## 24/7 Customer Assistance



Reach us 24 hours a day, seven days a week



Get answers to your health, claims and benefit questions



Ask for a Spanish-speaking service representative, or someone who can translate one of 200 languages



Order an ID card, update insurance information, check claim status and more

 The answers you need are just a phone call away. Anytime you need us, feel free to call at our pre enrollment line at **1800-564-7642** or **1800Cigna 24 after 1/1/2025**



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# Ozarks Technical Community College

## 2025 Open Enrollment



**STEPS**  
Specialized Technology and Engagement Platforms  
Powered by Mutual of Omaha



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## Life Insurance

### IMMEDIATE EXPENSES

- Funeral / Mortgage
- Outstanding debt

### ONGOING EXPENSES

- Food/Clothing
- Utilities
- Transportation

### FUTURE EXPENSES

- College, Retirement



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## Life Insurance

### Pays Out A Cash Benefit In The Event Of Your Death

- Benefit of **1x Annual Earnings up to \$100,000**
- > Open enrollment great time to update beneficiaries
- > No cost to you for this coverage



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# Voluntary Term Life

## For You

\$10,000 Increments  
up to \$500,000\*

## Spouse

\$5,000 Increments  
up to \$100,000\*\*

## Dependents

\$10,000 -  
\$20,000

- Employee Guarantee Issue: \$200,000 (for timely entrants when first eligible)
- Spouse Guarantee Issue: \$50,000 (for timely entrants when first eligible)
- Annual Increase Option: \$10,000

- \*Your coverage may not exceed 7x your Annual Earnings.
- \*\*Spouse and Child coverage may not exceed 50% coverage on yourself



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## Disability Benefit

Commonly known as “paycheck insurance”

Protects one’s ability to earn an income

Disabilities caused by injuries or illnesses



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# LONG-TERM DISABILITY

## LONG-TERM DISABILITY EMPLOYER PAID

Up to SSNRA

|                                   |   |
|-----------------------------------|---|
| <b>WHEN ARE BENEFITS PAYABLE?</b> | Begin after 180 days of a disabling injury or illness |
| <b>BENEFIT AMOUNT</b>             | 66 2/3% of Monthly Earnings                           |
| <b>MAXIMUM BENEFIT</b>            | \$6,000 per Month                                     |
| <b>MAXIMUM DURATION</b>           | Up to SSNRA   |
| <b>PRE-EXISTING EXCLUSION</b>     | 3/12  |

\* For list of exclusions, limitations, and reductions, please refer to your enrollment packet/policy.



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Mutual of Omaha

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# Ozarks Technical Community College Flexible Spending Account Plan January 1, 2025

## Med-Pay

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## Flexible Spending Account Plan Options

Flexible Spending Accounts (FSAs) are reimbursement accounts that allow you to pay for certain eligible expenses with tax-free dollars. There are two (healthcare FSA) plans available for election. The first plan option is:

- ▶ **Unreimbursed Medical FSA (MedFSA).** This Plan can be used to pay for eligible unreimbursed health care expenses incurred by you, your spouse and your dependents during the plan year.
- ▶ *Some examples of eligible claim types are: medical, dental (including orthodontics), vision, prescription drugs, chiropractor services, vision services, over-the-counter medications and treatment supplies and mileage.*
- ▶ The maximum that you can contribute is **\$3,300 (\$275/mo).**
- ▶ If you or your eligible dependent has coverage under more than one health, dental or vision plan, this account should only be used for your final patient responsibility after all plans have processed the claim.
- ▶ The election is for the entire year and can only be changed under special circumstances approved by the IRS. Contact the Human Resources department as soon as you are aware of any changes to your status. You have a limited time in most cases of only 31 days to make an election change.

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## Flexible Spending Account Plan Options

The second plan option is:

- ▶ **Limited Purpose FSA (LPFSA/LPFSA).** You may use this plan for qualified dental and vision expenses even if you are putting money into a Health Savings Account for which you qualify due to enrollment in a qualifying High Deductible Health Plan. You may contribute to this Plan through regular payroll contributions to pay for eligible expenses that are not reimbursed under your health, dental or vision plans for you and your eligible dependents.
- ▶ Refer to the posted FSA Plan Enrollment Book for further information including a Q&A on using the LPFSA plan.

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## Flexible Spending Account Plan Options

The third plan option is:

- ▶ **Dependent Care FSA (DCAP)** can be used to pay for eligible dependent care expenses (daycare, childcare) so you and your spouse can work, look for work or attend school full-time.
- ▶ The maximum that you can contribute is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately.
- ▶ You are able to make mid-year changes for this plan if you:
  - Change day care providers,
  - Have a change of cost with the current provider, or
  - You or your spouse (other parent of the child or children) no longer works and will be at home.

*Note: A dependent care credit is available on your annual tax return. With a DCAP, you will receive your tax savings throughout the year rather than once a year when you file your taxes. You can only claim under the dependent care credit any expenses exceeding the amount you contributed pre-tax to your DCAP.*

## Accessing Funds in your Accounts

- ▶ The full amount of your MedFSA/LPFSA election is available from the first day of the plan year.
- ▶ For DCAP, you may only access funds as they are contributed per pay period.
- ▶ You may access funds in the following ways:
  - File a claim along with the claim form via fax, mail, mobile app, consumer portal or in person.
  - Purchase with your FSA debit card (MedFSA & LPFSA only)
- ▶ You may use the debit card at physician's office, hospital, vision center, dentist office or pharmacy.

## Flex Debit Card- direct access to your FSA dollars

- ▶ The multi-year Flex Debit Card is automatically issued if you enroll in either or both the FSA or DCAP accounts. New cards are issued at the beginning of the month of expiration.
- ▶ On the Consumer Portal, you may report a card lost or stolen card or order a new card in a dependent's name if >18.
- ▶ Under IRS Revenue Ruling 2003-43, every debit card transaction must be substantiated.
  - Save all of your receipts with your tax records in case of an individual tax audit and if requested for substantiation.
  - If the transaction cannot be auto-substantiated based upon IAS guidelines, insurance copay matching or recurring transaction, you will receive a statement by email or mail with the request to provide a receipt in order to substantiate the transaction.
  - Additional notices are provided as reminders and notification that the card is suspended until the documentation can be provided.



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## Important Dates and Reminders

- ▶ Complete the enrollment process to designate the election amount. You are not automatically re-enrolled for Flex plan elections.
- ▶ For the MedFSA (and LPFSA) Plan, any remaining funds in your 2024 Plan year account can only be used for expenses incurred by 12/31/2024. Claims must be filed by 1/31/2025. On 2/1, unspent contributions up to \$660 will roll over into your 2025 plan year.
- ▶ For the DCAP plan, any remaining funds in your 2024 Plan year account can only be used for expenses incurred by 3/15/2025. Claims must be filed by 3/31/2025.
- ▶ Any funds remaining in your accounts thereafter will be forfeited to the FSA plan.
- ▶ If you terminate employment, only claims incurred prior to your termination date are eligible. All claims must be filed by 30 days following termination date. If you qualify for and elect COBRA, claims may be incurred during the remainder of the plan year.



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## Member Packet

- ▶ Refer to your Member Packet for the following:
  - Benefit and contact information as stated herein.
  - Q&A about FSA, DCAP and Adoption plans.
  - Expense Worksheet
  - How to file claims (claim forms are included or file via portal/app)
  - How to register and log-in to the web portal and mobile app.
  - How to set up direct deposit or change bank info on the portal.

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## FSA Plans Customer Service

**Employee consumer portal:** <https://pointc.wealthcareportal.com>

You may perform such things as check your balance; file a claim; access forms; update bank account information for direct deposit; update address; view claim history; provide substantiation; report debit card lost/stolen; order new debit card; access FSA Store...

**Mobile app:** search & download "Point C Benefits Mobile" from app store.  
(Perform same functions as portal above.)

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**Point C Customer Service department is available to answer  
any questions about the FSA plans.**

**Phone: (855) 408-6507 Fax: (856) 888-2855**

**Email Addresses: [Flex@PointCHealth.com](mailto:Flex@PointCHealth.com)**

**Monday to Thursday 8:30 AM to 6:00 PM EST Friday 8:30 AM to 4:30 PM EST**

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## Understanding Health Savings Accounts (HSAs)

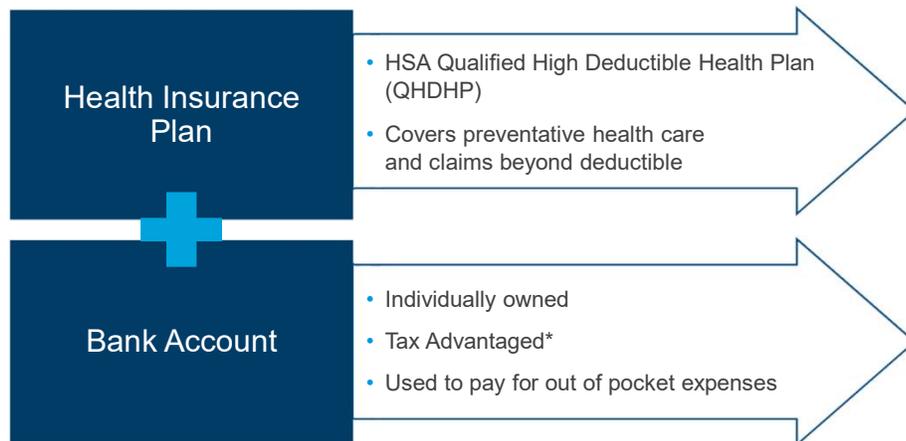
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## Understanding how HSAs Work



\*All mention of taxes is made in reference to federal tax law. States can choose to follow the federal tax-treatment guidelines for HSAs or establish their own; some states tax HSA contributions. HSA distributions used to pay for non-qualified medical expenses are subject to income taxes on the amount and a possible additional 20% penalty, if you are under age of 65.

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## Eligibility for HSAs

To be **eligible** to contribute to an HSA:

1. **You must** be covered by an HSA qualified HDHP
2. **You cannot** be enrolled in Medicare (any part)
3. **You cannot** be claimed as a tax dependent on someone else's taxes
4. **You cannot** have any other non-permissible coverage

## Permissible Coverage

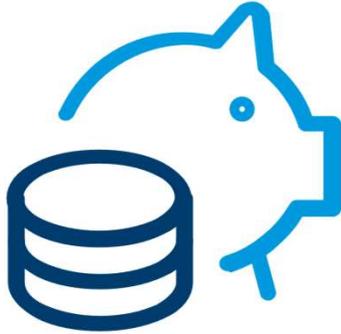
**Permissible** coverage includes:

- Limited Purpose or Post-Deductible FSAs or HRAs
- Suspended or Retirement HRAs
- Specific disease or illness insurance (i.e. cancer policy)
- Accident or Disability
- Dental and Vision care
- Long-term care insurance
- Employee assistance programs (EAP), disease management program or wellness program  
(*These programs must not provide significant medical benefits*)
- Drug discount cards

**Non-permissible** coverage is basically any coverage that could provide medical coverage prior to meeting your deductible (*other than preventive care*)

NOTE: Refer to IRS Publication 969 for specific questions

## Benefits of HSAs



### Savings

- Tax Savings – potential Triple tax advantage\*
- Long term savings opportunity
- Lower costs

### Control – YOU decide:

- How much money to put into the account
- How to spend your money
- Whether to invest any of your HSA money
- Which investments to make

### Portability

- YOU own it – always!

\*All mention of taxes is made in reference to federal tax law. States can choose to follow the federal tax-treatment guidelines for HSAs or establish their own; some states tax HSA contributions. Please check with each state's tax laws to determine the tax treatment of HSA contributions or consult your tax adviser. HSA funds used to pay for non-qualified medical expenses are subject to income taxes on the amount and a possible additional 20% penalty, if you're under age 65. Neither UMB Bank, n.a., nor its parent, subsidiaries, or affiliates are engaged in rendering tax or legal advice and this presentation is not intended as tax or legal advice.

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## Contributions

### IRS Maximum Contribution Limits

|            | 2024    |            | 2025    |
|------------|---------|------------|---------|
| Individual | \$4,150 | Individual | \$4,300 |
| Family     | \$8,300 | Family     | \$8,550 |

**Catch-up Contributions (Age 55+) \$1,000**

#### Catch-up Provision (Age 55+)

- Two spouses 55+ who want to both do a catch-up contribution would need their own separate account

#### Coverage Class Dictates Contribution Limits

- Spouses that both have single coverage

#### Tax Year Funding

- April 15 tax deadline

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## Distributions / Payments



### Debit Card/Digital Wallet

- No transaction fees
- Free family/dependents and replacement cards
- \$5,000 daily limit to mitigate fraud



### Online Transfer *No daily limit!*

### Online Bill Pay

#### Digital Wallet - Freedom to Pay your Way

Now available: fitbit pay • Apple Pay • GARMIN PAY • SAMSUNG pay

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## Distribution Issues

### No Substantiation

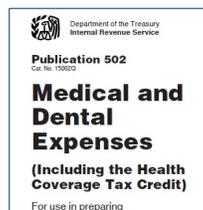
- Healthcare merchant (MCC) coding
- Receipts: *Track and manage receipts with ReceiptVault*

### Non-Qualified Distributions

- Income Tax and 20% penalty before age 65

### Qualified Medical Distributions

- Must be after account establishment
- Tax Free
- No time restriction on reimbursement
- Retaining records



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## Qualified Medical Expenses\*

- Medical out-of-pocket expenses such as deductibles and coinsurance
- Dental treatment such as fillings, braces, extractions
- Hearing aids including batteries
- Prescription drugs
- Eye exams, eyeglasses, and contact lens
- Chiropractic care and acupuncture
- Premiums for qualified long term care insurance (dollar limits may apply) and COBRA
- Medicare premiums
- Health plan coverage while receiving Federal or State unemployment benefits

\*The list provides examples of eligible medical expenses. This list is not all-inclusive. Remember, the IRA may modify its list of eligible expenses from time to time. For additional details on what qualifies or doesn't qualify as a medical expense see IRS tax publication 502.

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## Your Responsibilities with an HSA

### Employee (Accountholder)

- Eligibility
- Contribution Maximum
- Tax Filing\*
  - 1099-SA
  - 5498-SA
  - Form 8889
- ITEMIZED receipts:
  - Use UMB's ReceiptVault to easily track and manage your receipts*

The image displays three tax forms related to a Health Savings Account (HSA) for the year 20XX. On the left is Form 1099-SA, which reports distributions from the HSA. In the middle is Form 5498-SA, which reports contributions to the HSA. On the right is Form 8889, which is used to report HSA activity and calculate the tax liability on distributions. Each form includes various fields for identifying information, account details, and financial data.

\*Neither UMB Bank, n.a., nor its parent, subsidiaries, or affiliates are engaged in rendering tax or legal advice and this presentation is not intended as tax or legal advice.

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## UMB HSA Saver® Investment Option



### UMB HSA Saver<sup>1</sup>

- Experienced UMB Investment Management team takes the guesswork out of mutual fund selection by vetting fund list.
- Low \$3.00 monthly investment fee with no additional trade fees, no fund minimums.
- Simple dashboard that makes investing as easy as shopping online.
- \$1,000 Minimum base account balance to invest.

Investments in securities through the HSA investment account are: **Not FDIC Insured • May Lose Value • No Bank Guarantee**

<sup>1</sup>UMB Investment Management selects mutual funds in various asset classes for inclusion in the UMB HSA Saver® Investment Program. UMB Custody Services provides safekeeping and settlement of the mutual fund investments in the UMB HSA Saver® investment program. UMB Investment Management and UMB Custody Services are departments of UMB Bank, n.a. UMB Bank, n.a. is a wholly owned subsidiary of UMB Financial Corporation.

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## Accountholder Service

**866.520.4HSA (4472)**  
**UMB.com/HSA**

### Unparalleled Service and Dedication

- Expert knowledge; dedicated healthcare staff
- Account service and Investment account questions
- Online account access, web chat, and email

### Availability

- 24/7 account access (IVR, lost/stolen cards)
- Live HSA Support Center
  - Monday – Friday: 7:00am – 7:30pm CT
  - Saturday: 8:00am – 5:00pm CT
  - 300 Languages supported
  - All calls digitally recorded
  - Domestic call center

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## Online and Mobile Banking

**Online Banking Interface:**

Activity & Statements | Transfer Money | Resources | Invest | Messages | Contact Us | My Account (1234) ▼

Hello Sam! **\$5,200.00**  
TOTAL HSA FORTIFIED VALUE\*

MY HSA† \$1,750.00 MY INVESTMENT‡ \$3,450.00

Recent Activity

- Walgreens purchase of \$14.54
- Auto Payroll Contribution of \$20.00
- Auto Payroll Contribution of \$20.00

View More Activity

Maximize Your HSA

2019 Contributions \$2,550

5500.00 52,000.00  
Onhand Contributions

5500.00 52,000.00  
YTD Spending

Be a Better Saver

**Transactions & eStatements**

| DATE     | DESCRIPTION                  | AMOUNT             | BALANCE    | QUARTERLY STATEMENTS   |
|----------|------------------------------|--------------------|------------|--|
| 10/15/19 | Walgreens                    | Posting - \$123.04 | \$4,533.10 | 3rd Quarter Statement - 2019                                   |
| 11/12/19 | Auto Payroll Contribution    | \$200.00           | \$4,446.23 | 3rd Quarter Statement - 2019                                   |
| 10/06/19 | Auto Payroll Contribution    | \$200.00           | \$4,446.23 | 3rd Quarter Statement - 2019                                   |
| 10/26/19 | Paper Statement Fee          | \$1.90             | \$4,246.23 | 4th Quarter Statement - 2017                                   |
| 10/17/19 | Bill Pay St. Mary's Hospital | \$200.00           | \$4,247.73 | View More Statements   |
| 10/14/19 | Auto Payroll Contribution    | \$200.00           | \$4,574.73 | ReceiptVault   View More Unrecorded Receipts   Manage Receipts |
| 10/9/19  | Auto Payroll Contribution    | \$200.00           | \$4,375.73 |  |
| 4/28/19  | Online Transfer              | -\$900.00          | \$4,175.73 |  |
| 4/22/19  | ATM                          | \$5.00             | \$4,175.73 |  |

**Mobile Banking Interface:**

Hello Sally!

**\$5,279.62**  
TOTAL HSA FORTIFIED VALUE\*

MY HSA† \$2,000.00 MY INVESTMENT‡ \$3,279.62

Recent Activity

- Walgreens purchase of \$133.94
- Auto Payroll Contribution of \$200.00
- Auto Payroll Contribution of \$200.00

View More Activity

Account Tasks

Enroll in Paperless eStatements and save on fees and

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## Online Banking



### Real-time account management 24/7

- Account balance and transaction history
- Current and prior year tax information
- Online transfer to/from HSA
- Online bill-pay and mobile banking
- Online contributions/reimbursements
- Investment enrollment
- Enroll and view e-statements
- Track and manage receipts using ReceiptVault
- Healthcare resources and calculators
- Forms
- Help by phone, e-mail or web chat

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